

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 129

County Greenlee State Arizona
Township _____ or Village _____
City Morenci No. Home St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Macaela Ramos (If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth May 13-1898 (Month, day, year)

<p>9. Full name <u>Rafael Ramos</u> FATHER</p> <p>10. Residence (usual place of abode) <u>Morenci Ariz</u> (If non-resident, give place and State)</p> <p>11. Color or race <u>Mex</u> 12. Age at last birthday <u>30</u> (Years)</p> <p>13. Birthplace (city or place) <u>State of Chihuahua</u> (State or country) <u>Old Mexico</u></p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Ariz Copper Co</u></p> <p>16. Date (month and year) last engaged in this work _____, 19<u>17</u></p> <p>17. Total time (years) spent in this work _____</p>		<p>18. Full maiden name <u>Jeromina S Ramos</u> MOTHER</p> <p>19. Residence (usual place of abode) <u>Morenci Ariz</u> (If non-resident, give place and State)</p> <p>20. Color or race <u>Mex</u> 21. Age at last birthday <u>25</u> (Years)</p> <p>22. Birthplace (city or place) <u>State of Chihuahua</u> (State or country) <u>Old Mex</u></p> <p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>house keeper</u></p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____</p> <p>25. Date (month and year) last engaged in this work _____, 19____</p> <p>26. Total time (years) spent in this work _____</p>	
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
Given named added from supplemental report Jeromina S Ramos (Date of) _____
(Signed) Maten Rodriguez M.D.
Address Morenci Arizona Midwife
Filed June 16, 1932 Registrar.